



CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

In order to better assist you, the Victim Services Division may need to exchange information with other agencies or individuals that are serving you/your family. We will do so in accordance with your wishes with exceptions noted on the bottom of this form.

I, _____, authorize the Fairfax County Police Department Victim Services Division to exchange any information relative to my case, and any needs or concerns that have arisen from my victimization, to the following agencies or individuals: (check all agencies that you wish to include)

- _____ Fairfax County Domestic and Sexual Violence
- _____ Domestic Violence Action Center
- _____ Fairfax County Community Services Board
- _____ Fairfax County Substance Abuse Services
- _____ Fairfax County Emergency Services
- _____ Fairfax County Public Schools

- _____ SafeSpot Child Advocacy Center
- _____ Fairfax County Adult Protective Services
- _____ Fairfax County Child Protective Services
- _____ Legal Services of Northern Virginia
- _____ Other (must be specified):

I understand that I can withdraw this consent at any time by informing the Victim Services Section in writing. This consent expires two years from date signed.

Signature _____ Date _____

Witness _____ Date _____

EXCEPTIONS TO THE CONFIDENTIALITY POLICY

Please note that information received by staff of the Victim Services Section that is pertinent to any criminal investigation or prosecution will be shared with the Office of the Commonwealth’s Attorney, the Fairfax County Police Department or any other appropriate criminal justice personnel assisting in investigating or prosecuting the case. Additionally, information may be released without your consent in the following situations:

- A court order or law requires disclosure
- Information indicates possible child abuse or endangerment
- Information indicates possible abuse of an elder or a disabled adult
- Information indicates an intention to commit a crime
- Information indicates intention to harm yourself

Signature

Date